

IDAHO STATE DEPARTMENT OF AGRICULTURE
Division of Plant Industries
P.O. Box 790, Boise, Idaho 83701
APPLICATION FOR ORGANIC CROP INSPECTION

Name _____ Farm Name _____

Address _____ County _____

Telephone/Fax/E-mail _____

Acres _____ Number of Fields _____

Location of Operation From Town _____

FARM/FIELD LOCATION MAP: Give exact location of farm or fields from house, roads or other identifying landmarks. Use one map for each farmstead. In the table below list field number, crop, and status: organic (O), transitional (T) or conventional (C). Application deadline is **April 30th**.

N

S

Field Number	Crop	O TC

Signature of Applicant _____ Date _____
Comments: